

Commercial Permit/Plan Review Application

Lexington Fayette Urban County Government

Please submit this form with a COMPLETE set of plans, (including, but not limited to, construction drawings, site plans, height & area calculations, elevations, etc.), to the following agencies.

Division of Building Inspection, 101 E Vine St, Ste: 210 Lexington, KY 40507

Phone number: 859-258-3770 Fax: 859-258-3780

Fire Prevention Bureau, 219 E Third St, Lexington, KY 40508

Phone Number: 859-231-5668 Fax: 231-5606

Please provide the following information

Project Address: _____ **Suite#:** _____ **Zip Code:** _____

To Confirm the Correct Project Address Call the Addressing Office at (859) 425-2236 or 258-3583

Business Name: _____

Owner or Applicant: _____ **Phone:** _____

Address: _____ **State:** _____ **Zip:** _____

Contractor: _____ **Registration Number:** _____

City: _____ **State:** _____ **Zip:** _____

Architect Name: _____ **Phone Number:** _____

Firm Name: _____ **Email:** _____

Engineer Name: _____ **Phone Number:** _____

Firm Name: _____ **Email:** _____

Contact Person: _____ **Phone Number:** _____ **Email:** _____

~~~~~Please check which best describes your project~~~~~

New Building: ☐ Building Addition: ☐ Fit-Up: ☐ Remodel: ☐  
Change of Use: ☐ Fire Repair: ☐ Parking Lot: ☐ Parking Addition ☐  
Sprinkler System: ☐ Alarm Systems: ☐  
Other: Describe on lines provided below ☐

\_\_\_\_\_

\_\_\_\_\_

~~~~~General Building Information~~~~~

2007 KBC Construction Type: _____ Number of Stories: _____ Sq. Ft. Per Floor: _____

Remodel/Fit-up Sq. Ft: _____ 2007 KBC Use Group: _____ Construction Cost: _____

Basement?: Yes () No () **Fire Alarm?:** Yes () No () **Sprinkler System?:** Yes () No ()

PLAN REVIEW FEE: .06 X _____ **TOTAL SQ.FT. = \$** _____ **(\$50 Minimum)**

CHECK # _____ **(Plans received without review fee will not be reviewed)**

The Undersigned hereby certifies they are the owner or the owner's agent of the property and that all information is true and accurate to the best of their knowledge.

Applicants Signature: _____ **Date:** _____